



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

19-0619

<input checked="" type="checkbox"/> PHOTOSTAKEN	<input checked="" type="checkbox"/> OH-2	<input checked="" type="checkbox"/> OH-3
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> PRIVATE PROPERTY		

LOCAL INFORMATION

Goodwill

REPORTING AGENCY NAME*

Canal Fulton Police Department

NCIC*

07603

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

NUMBER OF UNITS

02

UNIT IN ERROR

99 98 - ANIMAL
99 - UNKNOWN

COUNTY*	LOCALITY*
76	1 - CITY 2 - VILLAGE 3 - TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP*

Canal Fulton

CRASH DATE / TIME*

02032019 1452

CRASH SEVERITY

5
1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE	ROUTE NUMBER	PREFIX
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

LOCATION ROAD NAME

S LOCUST

ROAD TYPE

ST

LATITUDE DECIMAL DEGREES

40.882446

ROUTE TYPE	ROUTE NUMBER	PREFIX
		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

2254

ROAD TYPE

LONGITUDE DECIMAL DEGREES

-81.570457

REFERENCE POINT	DIRECTION FROM REFERENCE
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST

ROUTE TYPE

IR - INTERSTATE ROUTE (TP)

US - FEDERAL US ROUTE

SR - STATE ROUTE

CR - NUMBERED COUNTY ROUTE

TR - NUMBERED TOWNSHIP ROUTE

ROAD TYPE

AL - ALLEY HW - HIGHWAY RD - ROAD

AV - AVENUE LA - LANE SQ - SQUARE

BL - BOULEVARD MP - MILEPOST ST - STREET

CR - CIRCLE OV - OVAL TE - TERRACE

CT - COURT PK - PARKWAY TL - TRAIL

DR - DRIVE PI - PIKE WA - WAY

HE - HEIGHTS PL - PLACE

INTERSECTION RELATED

☐ WITHIN INTERSECTION OR ON APPROACH

☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

ROADWAY

☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT
06 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP	4 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

MEDIAN TYPE

1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - DIVIDED, DEPRESSED MEDIAN
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER/UNKNOWN

<input type="checkbox"/> WORK ZONE RELATED
<input type="checkbox"/> WORKERS PRESENT
<input type="checkbox"/> LAW ENFORCEMENT PRESENT
<input type="checkbox"/> ACTIVE SCHOOL ZONE

WORK ZONE TYPE

1 - LANE CLOSURE

2 - LANE SHIFT/CROSSOVER

3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

5 - OTHER

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE 1ST WORK ZONE WARNING SIGN

2 - ADVANCE WARNING AREA

3 - TRANSITION AREA

4 - ACTIVITY AREA

5 - TERMINATION AREA

CONTOUR

1
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER/UNKNOWN

CONDITIONS

1
1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

SURFACE

2
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER/UNKNOWN

LIGHT CONDITION	WEATHER
1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN

NARRATIVE

Unit #1 was parked facing northbound in a parking spot at Goodwill (2254 S. Locust St.). Unit #2 was parked occupied facing east bound along a curb in the parking lot. Unit #1 backed into Unit #2. The drivers involved have two different accounts of the crash.

Driver of Unit #2 states that she was parked directly behind Unit #1, waiting for a parking spot to free up. She states that Unit #1 then backed into her driver's side rear door, causing damage.

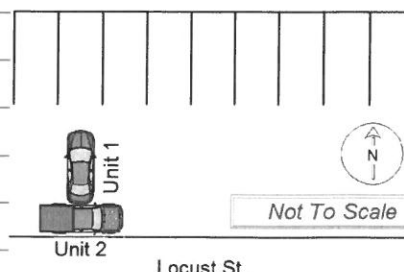
Driver of Unit #1 states that Unit #2 was not behind her as she began to back out of her parking spot. She states that Unit #2 was closer to the east end of the parking lot, and began backing at the same time that Unit #1 began backing from her spot. She states that the two units backed into each other, and the rear left of Unit #1 struck the rear bumper of Unit #2, causing black marks on Unit #1. She stated that she did not cause damage to Unit #2.

Neither party contacted the police at the time of the crash. There is no video of the crash. Statements were obtained from both parties, and driver of Unit #1 also provided a hand drawn diagram illustrating her version of the crash. See additional narrative.



Indicate the north direction with an "N" on the compass diagram.

Goodwill (2254 S. Locust St.)



CRASH REPORTED DATE / TIME
02062019 1218

DISPATCH DATE / TIME
02062019 1218

ARRIVAL DATE / TIME
02062019 1218

SCENE CLEARED DATE / TIME
02062019 1235

REPORT TAKEN BY

☒ POLICE AGENCY

☐ MOTORIST

☐ SUPPLEMENT

(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

TOTAL TIME ROADWAY CLOSED

OTHER INVESTIGATION TIME

TOTAL MINUTES

17

OFFICER'S NAME*

WILSON, SARA

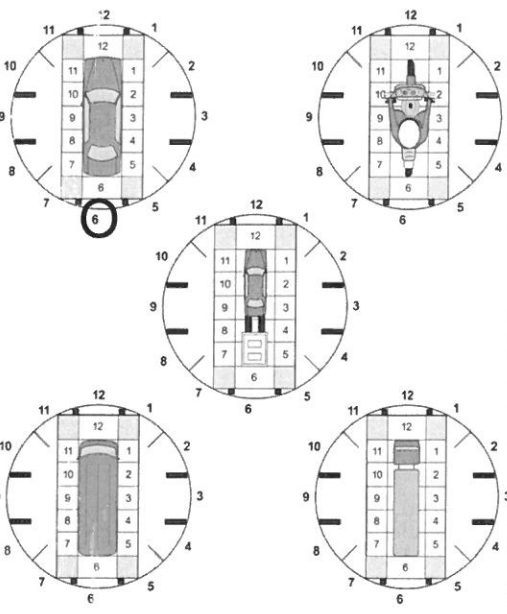
CHECKED BY OFFICER'S NAME*

OFFICER'S BADGE NUMBER*

3 3

CHECKED BY OFFICER'S BADGE NUMBER*

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) Hostetler, Oris Dwane	OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # EL1942	VEHICLE IDENTIFICATION # JTDZ N3EU 3C31 67641	VEHICLE YEAR 2012	VEHICLE MAKE TOYT
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY Liberty Mutual	INSURANCE POLICY #	COLOR RED	VEHICLE MODEL PRI
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
	TYPE OF USE		TOWED BY: COMPANY NAME		
	<input type="checkbox"/> PASSENGER CAR		HAZARDOUS MATERIAL		
	<input type="checkbox"/> PASSENGER VAN (MINIVAN)		CLASS # PLACARD ID #		
	<input type="checkbox"/> SPORT UTILITY VEHICLE		<input type="checkbox"/> MATERIAL RELEASED		
	<input type="checkbox"/> PICK UP		<input type="checkbox"/> PLACARD		
	<input type="checkbox"/> CARGO VAN				
<input type="checkbox"/> VAN (9-15 SEATS)					
# OF TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL			
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
SPECIAL FUNCTION					
1 - NONE		6 - BUS - CHARTER/TOUR			
2 - TAXI		7 - BUS - INTERCITY			
3 - ELECTRONIC RIDE SHARING		8 - BUS - SHUTTLE			
4 - SCHOOL TRANSPORT		9 - BUS - OTHER			
5 - BUS - TRANSIT/COMMUTER		10 - AMBULANCE			
CARGO BODY TYPE					
1 - NO CARGO BODY TYPE / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE			
2 - BUS		4 - LOGGING			
VEHICLE DEFECTS					
1 - TURN SIGNALS		4 - BRAKES			
2 - HEAD LAMPS		5 - STEERING			
3 - TAIL LAMPS		6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT					
1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER			
2 - INTERSECTION - UNMARKED CROSSWALK		4 - MIDBLOCK - MARKED CROSSWALK			
3 - TRAVEL LANE - OTHER LOCATION		5 - TRAVEL LANE - OTHER LOCATION			
ACTION					
1 - NON-CONTACT		1 - STRAIGHT AHEAD			
2 - NON-COLLISION		2 - BACKING			
3 - STRIKING		3 - CHANGING LANES			
4 - STRUCK		4 - OVERTAKING/PASSING			
5 - BOTH STRIKING & STRUCK		5 - MAKING RIGHT TURN			
9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN			
CONTRIBUTING CIRCUMSTANCES					
1 - NONE		7 - LEFT OF CENTER			
2 - FAILURE TO YIELD		8 - FOLLOWING TOO CLOSE / ACDA			
3 - RAN RED LIGHT		9 - IMPROPER LANE CHANGE			
4 - RAN STOP SIGN		10 - IMPROPER PASSING			
5 - UNSAFE SPEED		11 - DROVE OFF ROAD			
6 - IMPROPER TURN		12 - IMPROPER BACKING			
SEQUENCE OF EVENTS					
1 - OVERTURN/ROLLOVER		6 - EQUIPMENT FAILURE			
2 - FIRE/EXPLOSION		7 - SEPARATION OF UNITS			
3 - IMMERSION		8 - RAN OFF ROAD RIGHT			
4 - JACKKNIFE		9 - RAN OFF ROAD LEFT			
5 - CARGO / EQUIPMENT LOSS OR SHIFT		10 - CROSS MEDIAN			
EVENTS					
1 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL		16 - RAILWAY VEHICLE			
2 - DOWNHILL RUNAWAY		17 - ANIMAL - FARM			
3 - OTHER NON-COLLISION		18 - ANIMAL - DEER			
4 - PEDESTRIAN		19 - ANIMAL - OTHER			
5 - PEDAL CYCLE		20 - MOTOR VEHICLE IN TRANSPORT			
6 - PARKED MOTOR VEHICLE		21 - PARKED MOTOR VEHICLE			
COLLISION WITH FIXED OBJECT - STRUCK					
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END			
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER			
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER			
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER			
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER			
30 - GUARDRAIL FACE		36 - MEDIAN OTHER BARRIER			
37 - TRAFFIC SIGN POST		43 - CURB			
38 - OVERHEAD SIGN POST		44 - DITCH			
39 - LIGHT / LUMINARIES SUPPORT		45 - EMBANKMENT			
40 - UTILITY POLE		46 - FENCE			
41 - OTHER POST, POLE OR SUPPORT		47 - MAILBOX			
42 - CULVERT		48 - TREE			
49 - FIRE HYDRANT		50 - WORK ZONE MAINTENANCE EQUIPMENT			
51 - WALL		52 - BUILDING			
53 - TUNNEL		54 - OTHER FIXED OBJECT			
55 - OTHER / UNKNOWN		56 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 19-0619	
DAMAGE	
DAMAGE SCALE	
2 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
06 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	06 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
1	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
000	3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
00	

VEHICLE1



MOTORIST / Non-Motorist

LOCAL REPORT NUMBER

19-0619

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
01	Hostetter, Eloise A	04221942	76	F							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
2503 Shadow Ln Clinton OH 44216		330 882-2215									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5				04	<input type="checkbox"/>	01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
**	*****		<input type="checkbox"/>								
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
02	Harpster, Laura L	10071959	59	F							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
6339 Manchester Rd New Franklin OH 44216		330 882-5554									
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5				04	<input type="checkbox"/>	01	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
**	*****		<input type="checkbox"/>								
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
						1	1		1	1	
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER							
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
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					<input type="checkbox"/>						
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
			<input type="checkbox"/>								
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS					
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED					
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN					
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - MC MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID DL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE					
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE					
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTION OUTSIDE THE VEHICLE	2 - BLOOD					
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE					
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY	CONDITION	4 - BREATH					
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	1 - APPARENTLY NORMAL	5 - OTHER					
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	2 - PHYSICAL IMPAIRMENT	DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - NONE					
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	4 - ILLNESS	2 - BLOOD					
4 - SHOULDER & LAP BELT USED	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				16 - OUTSIDE MIRROR	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER					
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	9 - OTHER / UNKNOWN	DRUG TEST RESULT(S)					
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES					
8 - HELMET USED						2 - BARBITURATES					
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3 - BENZODIAZEPINES					
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE					
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS					
						7 - OTHER					
						8 - NEGATIVE RESULTS					



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

19-0619

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
02	Harpster, Samantha L	07311999	19	F					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
6339 Manchester Rd New Franklin OH 44216		330 882-5554							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5				04	<input type="checkbox"/>	03	1	1	1

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
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INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE
	6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN
	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	
	8 - HELMET USED	8 - THIRD - MIDDLE	
	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	
	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	
	11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	
	99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	
		13 - TRAILING UNIT	
		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	
		15 - NON-MOTORIST	
		99 - OTHER / UNKNOWN	

INJURED TAKEN BY	EJECTION	TRAPPED
1 - NOT TRANSPORTED / TREATED AT SCENE	1 - NOT EJECTED	1 - NOT TRAPPED
2 - EMS	2 - PARTIALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS
3 - POLICE	3 - TOTALLY EJECTED	3 - FREED BY NON-MECHANICAL MEANS
9 - OTHER / UNKNOWN	4 - NOT APPLICABLE	

GENDER
F - FEMALE
M - MALE
U - OTHER / UNKNOWN

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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